

-62-006295

STATE FILE NUMBER

Registration District No. 122 Primary Registration District No. _____ Registrar's No. 56

FILED MAR 12 1962

MAR 1 & 1962						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
1. PLACE OF DEATH a. COUNTY Grundy						a. STATE Mo b. COUNTY Grundy					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton Twp.				Length of stay in lb 1 Month		c. CITY OR TOWN Liberty Twp.				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 2				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Galt Route 1				Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Orville Curtis Ralls						4. DATE OF DEATH Month Day Year March 6 1962					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-19-1877		9. AGE (last birthday) 77		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (City and state or country) Osgood, Mo				12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Cardwell Ralls				13b. MOTHER'S MAIDEN NAME Lily Clark				14. NAME OF HUSBAND OR WIFE Lennie Willis Ralls			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						17. INFORMANT Address Mrs Gene McRay Trenton, Mo					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Prostate 1 year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION				COUNTY		STATE	
21. I attended the deceased from Feb. 1961 to March 6th 1962 her last saw him alive on March 5th 1962 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Oliver F. Jolly MD (Degree or title)				22b. ADDRESS Trenton Mo				22c. DATE SIGNED March 1st 1962			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-9-1962		23c. NAME OF CEMETERY OR CREMATORY Port Zion Cem.		23d. LOCATION (City, town, or county) Galt Mo		23e. (State)			
24. FUNERAL DIRECTOR Payne Funeral Home Galt, Mo				ADDRESS		25. DATE RECD. BY LOCAL REG. 3-9-62		26. REGISTRAR'S SIGNATURE Irene Fair			

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Salt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.